



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9719

SERIAL NUMBER 09/844,091	FILING DATE 04/27/2001  RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. HMM P-3003.3
-----------------------------	---------------------------------------	--------------	------------------------	-------------------------------------

## APPLICANTS

John W. Hopkins, Bloomfield Hills, MI;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/200,049 04/27/2000

ok LN 9-19-05

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none LN 9-19-05

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/22/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 1	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

## ADDRESS

23399

REISING, ETHINGTON, BARNES, KISSELLE, P.C.

P O BOX 4390

TROY, MI

48099-4390

## TITLE

Method of directing patients to medical care

FILING FEE  RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---